



VTDDC APPLICATION

Projects Up to \$10,000

COVER PAGE

Name of Applicant or Organization:

Address		
City/State/Zip Code		
Phone		FAX
Contact Person/Name		
E-mail		
Website		
Federal ID #		Vermont Business #
Fiscal Year		
Type of Applicant*		

*Select Only One: Non-Profit, School District, County, Government Corporation, Tribal Government, For-Profit, City/Town, State, Special or Regional Authority, State P&A Agency, University Center, Other

Project Name and Brief Description

Start Date:	End Date:

Budget Summary (transfer totals from last page)

Amount from VTDDC (75%)	Your match (At least 25%)	TOTAL PROJECT (100%)
\$	\$	\$
Who will act as financial agent?		

I certify that the information in this application is true and accurate and that the applicant will comply with federal, state and agency requirements.

Name & Title

Date

Updated 10/05/2010

QUESTIONS

NAME OF PROJECT	
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1. What is the Goal of the Project? (1 paragraph that clearly states the goal)

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2. Describe your qualifications for accomplishing this goal.

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3a. What is the problem, issue or concern that the Project will work on?

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3b. What is the connection between the Project and VTDDC's State Plan Goals and Objectives?

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3c. What will you do? Describe each activity you are asking VTDDC to pay for.

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3d. How will you know that the activities are getting you to the Goal?

3e. What role will people with developmental disabilities play?

4a. How will the Project benefit people with developmental disabilities over time?

4b. What do you expect to happen to the Project after VTDDC funding ends?

BUDGET

CATEGORY	REQUESTED VTDDC FUNDS 75% of Total	MATCHING FUNDS * 25% of Total	TOTAL PROJECT COSTS 100%
Staff			
Consultant(s)			
Travel			
Supplies/Publications			
Direct Costs			
Indirect Costs			
TOTAL (transfer to page 1)			

Add rows as needed

** Matching funds of at least 25% of the total costs are required.*